

Corrective Action Form Implementation and Outcomes

Short Term Long Term

1. Implementation of Changes (include description of change, date of change)

Recorded by: _____ Date: _____

2. Follow-up and Outcomes (Were the changes effective or do they need to be re-assessed?)

Recorded by: _____ Date: _____

3. Additional Comments

Recorded by: _____ Date: _____

4. Review

Laboratory Division Director / date: _____
Comments: _____

Quality Assurance Manager / date: _____
Comments:

Quality Assurance Director / date: _____
Comments:

Laboratory Director / date: _____
Comments: _____